BLESSING HOSPITAL

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blessinghealth.org

August 25, 2020

Ms. Courtney Avery, Administrator
Illinois Health Facilities and
Services Review Board
525 West Jefferson Street, 2nd floor
Springfield, IL 62761

Re: Request for more information on Blessing application #20-037

Dear Ms. Avery,

Per your request, I have enclosed the answers to your questions in regards to CON 20-037.

Thank you for your time and consideration of your request. If you have any questions or need additional information, please feel free to contact me.

Sincerely,

Sarah A Stegeman

Sarah A. Stegeman
Blessing Corporate Service
Ext 7209

1. New Construction and Contingencies

The addition of OR 4 differentiates from typical, new construction in two primary ways which are driving this cost per square foot.

1. **The progress of the project** - The changes at this point in the project have direct impacts to the scheduling and productivity of construction that would otherwise be mitigated through pre-construction coordination and resource planning. This planning has a direct impact on the projected cost per square foot.

2. **Preliminary budget** - At the time of submitting the budget for OR 4, our pricing was based on a conceptual layout without detail. In order to work in the interest of Blessing, these assumptions require a conservative approach to pricing and include design contingency. As documents are provided, this pricing will be refined, however at this point there is an order of design uncertainty priced into this budget.

2. FIVE HIGHEST VOLUME surgery/ procedures that are being done in our ASTC. This is the current top 5 in our ASC from 2018.

ASC	# of cases	HOP cost	ASTC cost	Difference	% Difference
66984 | Cataract surg w/iol 1 stage	2435	$10,239	$4,819	$(5,420)	-53%
64721 | Carpal tunnel surgery	248	$9,248	$3,998	$(5,250)	-57%
29881 | Knee arthroscopy/surgery	135	$16,019	$5,922	$(10,097)	-63%
69436 | Create eardrum opening	132	$8,469	$1,693	$(6,776)	-80%
45385 | Colonoscopy w/lesion removal	94	6,851	$1,514	$(5,337)	-78%

Also passing along the top 14 procedures that are currently done in the Hospital Outpatient setting but can transition to the ASTC. The table takes into account the number of procedures done in 2018 and the percentage that will likely move to ASTC.

Blessing Hospital Outpatient - 2018		
	# of cases	# projected to move ASC
52356 | Cysto/uretero w/lithotripsy	359	180
52332 | Cystoscopy and treatment	170	85
36561 | Insert tunneled cv cath	165	83
47562 | Laparoscopic cholecystectomy	151	76
29881 | Knee arthroscopy/surgery	88	62
49505 | Prp i/hern init reduc >5 yr	68	34
49650 | Lap ing hernia repair init	47	24
49585 | Rpr umbil hern reduc > 5 yr	41	21
64721 | Carpal tunnel surgery	40	32
58558 | Hysteroscopy biopsy	38	19
55876 | Place rt device/marker pros	36	18
52352 | Cystouretero w/stone remove	36	18
36558 | Insert tunneled cv cath	31	16
29880 | Knee arthroscopy/surgery	30	15
TOTAL	1300	680

3. B11 equates to the Hospital Outpatient Department and SC equates to the current Ambulatory Surgery Center. The physician letters are from our own providers/surgeons employed by Blessing.

4. When the relocated ASTC is up and running will the hospital maintain a Hospital Outpatient Department. And if so what are the criteria for using a hospital outpatient department and the ASTC?

   The hospital will maintain a hospital outpatient department as it does today. The following criteria for hospital outpatient surgical services is noted from our Surgical Scheduling policy. There is collaboration between the surgeon and anesthesia based on the specific procedure being performed and comorbid conditions (including OSA) to determine surgical risk. The OSA (Obstructive Sleep Apnea) risk is determined through a questionnaire provided to patients called the STOPB tool. Patients who are at risk for OSA will be given education for OSA. They may encounter increased length of stays based on outcomes in either PACU, ODS, or Blessing Surgery Center and may require enhanced respiratory monitoring. This patient safety criteria drives the decision as to where the procedure should be performed.

   The surgical risk is determined as Low, Moderate, and High risk

   Low surgical Risk – Procedures scheduled as monitored anesthesia care or procedures lasting less than 1 hour; excludes procedures entering a body cavity with exception of D&C or risky airway compromise.
   Moderate Surgical Risk – procedures lasting less than 1 hour and entering a body cavity (i.e. arthroscopy, inguinal hernia repair); excludes procedures risking airway compromise
   High surgical risk – procedures lasting 1 hour or more and or procedures risking airway compromise (i.e. laproscopic procedures, shoulder procedures, tonsillectomy and adenoidectomy (T&A), septoplasty, closed reduction nasal fracture, colon resections, chest procedures, ventral hernia repair with mesh, and breast augmentation)